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IMAGES IN PAEDIATRICS

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An interesting facial rash

Figure 1 Informed consent was obtained for publication of this figure.

A 7-year-old boy presented to paediatrics with a 3-week history of a worsening facial rash, which was intermittently itchy. He was otherwise well. He had two guinea pigs as pets. On examination, an extensive scaling erythema was noticed with a definite edge involving the upper eyelids, the bridge of the nose and extending onto both cheeks (see fig 1).

A provisional diagnosis of tinea faciei was made; however, cutaneous lupus was also considered. While mycology results were awaited, topical terbinafine was given, with little effect. Microscopy revealed a dermatophyte infection with *Trichophyton mentagrophytes*, and a 3-week course of oral terbinafine (125 mg oral dosage once daily) was given. The rash resolved completely, leaving post-inflammatory hyperpigmentation only.

Tinea facialis/faciei is a dermatophytosis of the glabrous facial skin, characterised by a well-circumscribed, often asymmetric, erythematous patch with an elevated border and central regression. It may be asymptomatic or present with pruritus, or, occasionally, photosensitivity that may lead to diagnostic confusion with cutaneous lupus.[1] It is the most commonly misdiagnosed dermatophytosis. Other differential diagnoses include eczema, seborrhoeic dermatitis[2] and rosacea.

It is most common in children, with predisposing factors including exposure to animals, chronic topical steroid use and spread from tinea capitis. The most frequent organisms involved are *T mentagrophytes*, *T rubrum* and *T tonsurans*. However, cases caused by *Microsporum audouinii* and *M canis* occur worldwide. Most cases are given short-term oral antifungal treatment, but milder cases may respond to topical imidazoles. Affected animals and family members should also be treated.

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